

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 538249

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5		1				
6		21				
7		(4)1				
8		(4)1				
9		(4)1				
10		(4)1				
11		(4)1				
12		(4)1				
13	1					
14		1				
15		21				
16		21				
17		(4)1				
18		1				
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50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	33	←		←		←
TOTAL CLAIMS	36					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						